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PATEMI	PATEMIN			Application Number	08/696,713 ー と O
]	TRANSMITTAL FORM			Filing Date	November 17, 1997
(To be used for all correspondence after initial filing)			First Named Inventor	Melinda A. Mabry et al	
	ing)	Group Art Unit	1714		
			Examiner Name	Cain, Edward	
TOTAL NUME	BER OF PAGES IN	THIS SUBMISS	ION 12		03259.76998

Attorney Docket Number

	1.	ENCLOSUDES (about all that a	anly)	
	Request nent Request psure	Assignment Papers Drawings Licensing-related Papers Petition Checklist & Accompanying Petition To Convert a Provisional Application Power of Attorney, Revocation, Change of Correspondence Address Terminal Disclaimer Remarks	After Allowance Appeal Commun Appeals & Interfe Appeal Commun (Appeal Notice, Brief, Proprietary Information Status Letter X Additional Enclo (please identify below) Action, Attachmen	ication to Group Reply Brief) nation Sure(s) ECEIVED UN 23 1999 OUP 1700
· ·	SIGNATU	RE OF APPLICANT, ATTORNE	Y, OR AGENTAL	EIVED
Firm or Individual Name	Peter D. McDern Banner & Witcot	nott, Reg. No. 29,411 ff, 28 State Street, 28 th Floor, Boston,	MA 02109 JUN	25 1999
Signature			1ECHNÛ!	OGA CENTE'S 5800
Date	June 14, 1999			
		CERTIFICATE OF MAILING		
I hereby certify that this coin an envelope addressed to	rrespondence is bein : Assistant Commis	g deposited with the United States Postal ssioner for Patents, Washington, D.C. 202	Service as first class mail 31 on this date:	June 14, 1999
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FEE TRANSMITTAL for FY 1999

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TAL AMOUNT OF PAYMENT	(\$)110.00

<i>C</i>	omplete if Known
Application Number	08/696,713
Filing Date	NOVEMBER 17, 1997
First Named Inventor	MELINDA A. MABRY ET AL
Examiner Name	CAIN, EDWARD
Group / Art Unit	1714
Attorney Docket No.	03259.76998DECEN/FD

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METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)	2 1000
1. X The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number	3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) 105 130 205 65 Surcharge - late filing fee or oath	23 1999 1120 1120
Deposit Account Name BANNER & WITCOFF	127 50 227 25 Surcharge - late provisional filing fee or cover sheet.	· · · · · · · · · · · · · · · · · · ·
Charge Any Additional Fee Required Under	139 130 139 130 Non-English specification	
37 CFR 1.16 and 1.17	147 2,520 147 2,520 For filing a request for reexamination	
2. Payment Enclosed:	. 112 920° 112 920° Requesting publication of SIR prior to Examiner action	
Check Money Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	
FEE CALCULATION	115 110 215 55 Extension for reply within first month	110
1. BASIC FILING FEE	116 380 216 190 Extension for reply within second month	
Large Entity Small Entity	117 870 217 435 Extension for reply within third month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	118 1,360 218 680 Extension for reply within fourth month	
101 760 201 380 Utility filing fee	128 1,850 228 925 Extension for reply within fifth month	
106 310 206 155 Design filing fee	119 300 219 150 Notice of Appeal	
107 480 207 240 Plant filing fee	120 300 220 150 Filing a brief in support of an appeal	
108 760 208 380 Reissue filing fee	121 260 221 130 Request for oral hearing	
114 150 214 75 Provisional filling fee	138 1,510 138 1,510 Petition to institute a public use proceeding	
	140 110 240 55 Petition to revive - unavoidable	
SUBTOTAL (1) (\$)	141 1,210 241 605 Petition to revive - unintentional	
2. EXTRA CLAIM FEES	142 1,210 242 605 Utility issue fee (or reissue)	150
Fee from Ext <u>ra Claims below</u> Fee Paid	143 430 243 215 Design issue fee	
Total Claims20** = X =	144 580 244 290 Plant issue fee	1999
Claims L	122 130 122 130 Petitions to the Commissioner JUN 25	333
Multiple Dependent	123 50 123 50 Petitions related to provisional applications 126 240 126 240 Submission of Informatics CHNULUUY CEN	TED 2000
**or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	126 240 126 240 Submission of Information Disclosure Stmt	1ER 2800
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103 18 203 9 Claims in excess of 20	146 760 246 380 Filing a submission after final rejection	
102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim, if not paid	(37 ČFR 1.129(a)) 149 760 249 380 For each additional invention to be	
109 78 209 39 ** Reissue independent claims over original patent	examined (37 CFR 1.129(b)) Other fee (specify)	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)	
SUBTOTAL (2) (\$)	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	10.00

Typed or	ned or		Complete (if applicable)	
Printed Name	PETER D. McDERMOTT	Reg. Number	29,411	
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